



## Quick Reference Guide

# PHARMACARE CLAIMS FOR INSULIN PUMP VENDORS

Published by:

Medical Beneficiary and Pharmaceutical Services Division

Ministry of Health

Updated: April 1, 2014



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# 1. Introduction

This document provides you with the information required to complete and submit claims to PharmaCare for insulin pumps and insulin pump supplies. It also provides information on the payment processes involved and on how to request assistance.

This Guide is available on the PharmaCare website at  
[www.health.gov.bc.ca/pharmacare/pdf/IPQuickGuide.pdf](http://www.health.gov.bc.ca/pharmacare/pdf/IPQuickGuide.pdf)

# 2. Insulin Pumps and Insulin Pump Supplies

**Insulin pumps** are an eligible benefit for individuals age 25 or younger who have Type 1 diabetes or other form of diabetes requiring the use of insulin and are covered under Plan C (B.C. Income Assistance) or Fair PharmaCare and who have received approval through the PharmaCare Special Authority process.

**Insulin pump supplies** (e.g., insulin, infusion sets/kits, insulin reservoirs) are eligible benefits for patients of any age covered under PharmaCare Plan C (Income Assistance), Plan F (Children in the At Home Program) or Fair PharmaCare.

Actual coverage for insulin pumps and supplies is subject to the rules of the patient's PharmaCare plan, including any deductible requirement.

## 2.1 Repair and Replacement

Insulin pump repairs and/or replacement are subject to the terms of the manufacturer's warranty.

PharmaCare does not cover:

- insulin pump repairs; or
- replacement pumps prior to the end of the PharmaCare coverage period (one pump every five years).

# 3. Allowable Claims

Approved insulin pump vendors can submit:

- online or manual claims for insulin pumps, and
- online claims only for insulin pump supplies.

## 4. PharmaNet Connection and Online Claims

Vendors may choose to connect to PharmaNet but connection is not mandatory. The benefits of connecting to PharmaNet are:

- Claims on PharmaNet adjudicate in real time, providing immediate information on the portion of a claim to be paid by the patient and the portion (if any) covered by PharmaCare; and
- Vendors do not need to complete and submit paper forms; and
- The two- to three-week turnaround time required for processing manual claims and issuing payment is eliminated.

Note: PharmaNet access allows vendors to submit online claims but does not allow them to access a patient's medication history.

Under normal circumstances, it takes from 50 to 60 business days (excluding statutory holidays) to obtain approval for and set up a new site for PharmaNet connection or re-establish a PharmaNet connection after a move to a new location.

Vendors must use approved compliance-tested software to connect to PharmaNet. A list of approved software vendors ('software service organizations') is provided on the College of Pharmacists of British Columbia website at [www.bcpharmacists.org/library/E-Registration\\_Licensure/E-3\\_Pharmacy/5033-Guide-CommunityPcyLicensure\\_AppA.pdf](http://www.bcpharmacists.org/library/E-Registration_Licensure/E-3_Pharmacy/5033-Guide-CommunityPcyLicensure_AppA.pdf)

### 4.1 Online Claims for Fair PharmaCare, Plan C and Plan F

Online claims are accepted for insulin pumps under Fair PharmaCare and Plan C and for supplies under Fair PharmaCare, Plan C, and Plan F.

Software vendors provide software-specific training on submitting claims to PharmaNet.

Online claims must be submitted on PharmaNet using the Product Identification Numbers (PINs) assigned by PharmaCare to the particular insulin pump or supply being purchased. See Section 9 for a link to the most recent list of PINs.

When processing claims on PharmaNet:

- Enter the intervention code:
  - **MO** for all claims between \$500.00 and \$999.99
  - **MP** for all claims between \$1000.00 and \$9999.99.
- For supplies: In the **Prescriber ID** field, enter your Practitioner ID and Practitioner Name. Use the ID and name assigned to you by the College of Pharmacists of BC.  
*Your practitioner name is normally the name of your company. If you are not sure of which name was assigned, contact Health Insurance British Columbia for information.*
- For pumps: In the **Prescriber ID** field, enter the Practitioner ID assigned to the physician by the College of Physicians and Surgeons of BC.  
*The physician's Practitioner ID can be found on the Special Authority form. If you do not have the form on hand, you may need to fax the practitioner's office.*

Remittance Advice Forms are sent to online vendors only when a payment adjustment is made. To access payment data (except payment adjustment information) on PharmaNet, use the Retrieve Daily Totals (TDT) transaction. All pharmacy software vendor products contain a feature for retrieving daily totals although it may be named differently. Please consult your user manual or call your software vendor for information on this feature.

## 5. Manual Claims

Manual claims are accepted for insulin pumps for Fair PharmaCare and Plan C.

### 5.1 Difference between Fair PharmaCare and Plan C Claims

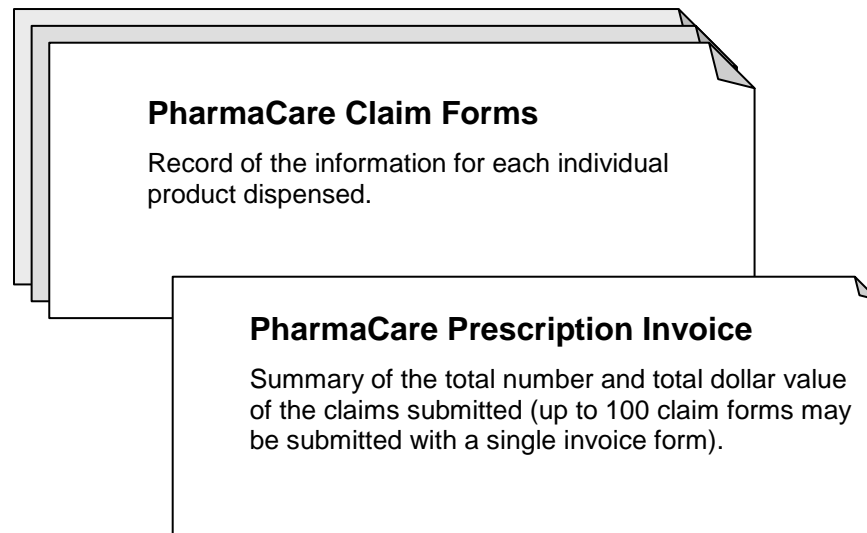
Fair PharmaCare claims and Plan C claims are processed differently and separately. If a claim is submitted as a Fair PharmaCare claim and the patient is covered under Plan C (or vice-versa), PharmaCare will return the claim form to you for resubmission through the correct plan claims process.

### 5.2 Plan C Manual Claims

#### 5.2.1 Documents Required

All manual claims a vendor submits must include the following:

- a copy of the vendor's invoice identifying:
  - the item being claimed,
  - the cost being claimed, and
  - the applicable Product Identification Number (PIN) for each item
- the patient's PharmaCare approval letter
- the top copy of a completed *PharmaCare Claim Form*
- the top copy of a completed PharmaCare Prescription Invoice.



You may submit up to 100 claim forms with a single *Prescription Invoice*.

## 5.2.2 Completing a PharmaCare Claim Form

Figure 1 — PharmaCare Claim Form

**Pharmacare Claim Form**  
PROVINCE OF BRITISH COLUMBIA

ENTER PLAN TYPE PLAN ☐ CLAIM NUMBER  
W 0538656

PHYSICIAN MSP NUMBER  
PRESCRIPTION NO. QUANTITY INGREDIENT COST TOTAL \$ CLAIMED  
R  
CDIC NO. DISPENSING FEE

AMOUNT PAID BY PHARMACARE  
NOT FOR INCOME TAX PURPOSES

BALANCE DUE

I CERTIFY THAT THE PATIENT FOR WHOM THIS CLAIM IS MADE IS AN ELIGIBLE RECIPIENT OF BENEFITS IN THE PROGRAM NOTED ON THIS FORM, THAT ELIGIBILITY IS IN EFFECT AND THAT THE BENEFITS RECEIVED ARE FOR THE SOLE USE OF THAT PATIENT.

X  
SIGNATURE OF PATIENT OR AGENT

ORIGINAL - SUBMIT FOR PAYMENT

1. Complete a separate three-copy *PharmaCare Claim Form* (see Figure 1) for each product or service (even if a number of products or services are provided for the same patient), including all the following information:

Patient.....	Patient's name and Personal Health Number (PHN)
Date.....	Date (YYYY/MM/DD) that the product was provided
Pharmacy.....	Name of the vendor to whom payment should be sent
Pharmacy Code.....	Vendor's pharmacy equivalency code (PEC)
Plan.....	PharmaCare Plan type (Plan C)
Physician MSP Number.....	Prescribing physician's MSP billing number <sup>1</sup>
Prescription No.....	Vendor's work order or invoice number
Quantity.....	Should be 1 when claiming for an insulin pump
CDIC No.....	The PharmaCare-assigned Product Identification Number (PIN) for the insulin pump. See Section 9 for a list of PINs.
Dispensing Fee.....	Enter "\$0.00"
Ingredient Cost.....	Total cost of the insulin pump
Total \$ Claimed.....	Total cost of the insulin pump
Balance Due.....	Grand total (same amount as in the Total \$ Claimed)
Signature of Patient (or Agent).....	Patient's signature. (An agent may be the parent of a child-patient or someone with Power of Attorney for a patient.)

<sup>1</sup> Note: In the "Doctor's Name and MSP #" space, enter the prescribing physician's full name if the MSP billing number is not known.

2. Submit the **top copy** of each *PharmaCare Claim Form* to PharmaCare with your company's invoice and a copy of the approval letter. Give the second copy to the patient and retain the third copy for your records.

### 5.2.3 Completing the two-copy PharmaCare Prescription Invoice

**Pharmacare PRESCRIPTION INVOICE**  
FOR PRESCRIPTION PAYMENTS UNDER BRITISH COLUMBIA  
PRESCRIPTION DRUG PLANS

INVOICE NUMBER  
**K528202**

**PHARMACY USE**

DATE	NO. OF CLAIMS SUBMITTED	PHCY CODE
DAY MONTH YEAR		

**TOTAL AMOUNT INVOICED \$**

SUBMIT INVOICES WITH 50 TO 100 CLAIM FORMS

CERTIFICATION - I have examined the claims supporting this invoice and certify that the amount invoiced is correct, is in accordance with all agreements and/or contracts and represents bona fide transactions.

Signature \_\_\_\_\_ Position \_\_\_\_\_

ORIGINAL - SUBMIT FOR PAYMENT

**Figure 2 — PharmaCare Prescription Invoice**

1. Complete a two-copy *PharmaCare Prescription Invoice* (see Figure 2) including **all** of the following information:

Vendor Identification.....	Vendor's name and address
Date.....	The date of the invoice (YYYY/MM/DD)
No. of Claims Submitted.....	Total number of claims being submitted with this invoice
Pharmacy Code.....	Vendor's pharmacy equivalency code (PEC)
Total Amount Invoiced.....	Total \$ amount for all the claims covered by this invoice
Signature.....	Signature of authorized person for the health care provider
Position.....	Position or title of the person who has signed the invoice
2. Submit the top copy of the *Prescription Invoice* to PharmaCare with the top copy of up to 100 claim forms and associated documents. Retain the second copy of the invoice (labelled PHARMACY) for your records.

### 5.2.4 Where to Send Completed Claims

Submit manual claims to:

PharmaCare  
P.O. Box 9655 Stn Prov Govt  
Victoria BC V8W 9P2



## 5.3 Fair PharmaCare Manual Claims

### 5.3.1 Understanding Fair PharmaCare Deductible Status

If a Fair PharmaCare patient has not met their annual deductible or family maximum when a claim is processed, some (or all) of the eligible claim amount will accumulate toward the patient's deductible.

PharmaCare will pay you for the appropriate portion above the patient's deductible and/or family maximum.

If the PharmaCare portion of a Fair PharmaCare claim is \$0.00 because the patient has not met their deductible, PharmaCare will send you a zero-payment letter. In this case, you will need to obtain payment from the patient or their private insurer.

Whenever a zero-payment letter is sent to you, please advise the patient to submit a paid receipt to PharmaCare so that the payment information can be added to their patient record.

Note: You can contact Health Insurance BC (see Section 8.1) to confirm that a patient has registered for Fair PharmaCare, however, under the *Freedom of Information and Protection of Privacy Act*, Health Insurance BC cannot divulge financial information about patients. Only your patient can elect to advise you of their deductible or family maximum. Patients can provide this information verbally or by presenting their *Confirmation of Assistance* form.

### 5.3.2 Documents Required



Each manual Fair PharmaCare claim submitted to PharmaCare should include:

- a completed *Fair PharmaCare Claim form* (see Figure 3),
- a PharmaCare Manual Payment Information Summary Form (Figure 4)<sup>2</sup>, and
- a copy of the vendor's invoice identifying the items being claimed, the cost being claimed, and the applicable Product Identification Number (PIN) for each item, and
- the patient's PharmaCare approval letter.

See Section 9 for a link to the most recent list of PINs.

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<sup>2</sup> Note: In the "Doctor's Name and MSP #" space, enter the prescribing physician's full name if the MSP billing number is not known.

 <b>BRITISH COLUMBIA</b> Ministry of Health Services	 <b>Do not write in this space - For Office Use only</b>	<div style="text-align: right;"><b>Pharmacare CLAIM</b></div> <div>PO Box 9655 STN PROV GOVT Victoria, B.C. V8W 9P2</div> <div>Greater Victoria: (250) 952-2866 Greater Vancouver: (604) 682-6849 Elsewhere in British Columbia: toll free 1-800-554-0250</div>
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**Claims must be filed before March 31<sup>st</sup> of the year immediately following the benefit year.**

Please refer to your CARE CARD for your Personal Health Number YYYY

Personal Health Number									

Birthdate			Sex		Home Telephone	
YYYY	MM	DD	M	F	(    )	

Work Telephone	
(    )	

**Expenses For Calendar Year** \_\_\_\_\_

For Office Use Only

**Cheque payable to: PLEASE PRINT**

Surname	Given Name	Initial
Complete mailing address		
Postal Code		
V		
-		

**CERTIFICATION**

I hereby certify that the information given in this application for benefits and in any documentation attached or forming part of this Claim is true and correct, and reimbursement is being claimed on allowable drugs and other items prescribed for my use and that of my eligible dependent(s) and purchased at my expense during the benefit period. I also authorize the Minister of Health Services or the minister's agent to access any information required to substantiate this claim. I further agree that, if my Claim for benefits has arisen as a result of the negligence of a third party, then, in consideration of payment of my Claim for benefits and to the extent of such claim, (a) I assign any rights I may have against that third party to the Minister of Health Services, and (b) I will pay to the Minister of Health Services any indemnification I may receive from any party.

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Applicant's Signature

YYYY    MM    DD

Date

**INSTRUCTIONS**

Please affix all your official Pharmacare receipts to the back of this claim form, including those which may have been sent to an extended health benefits plan. Attach additional forms as necessary.

Submit only original receipts. Statements from private insurers, photocopies, cancelled cheques, etc. **are not** acceptable.

Do not overlap receipts or cover any information on the receipts when applying to back of claim.

All areas on the claim form must be completed in full and signed. An unsigned claim form will be returned without processing or reimbursement.

Receipts for eligible expenses can be submitted before exceeding the deductible. Reimbursement will be issued when the deductible has been exceeded.

Claim forms and receipts are returned when processing is complete.

Please have your Personal Health Number available if making any telephone enquiries.

HLTH 5325 Rev. 01/08/31

Figure 3 — Fair PharmaCare Claim Form

B.C. Ministry of Health

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<b><u>B.C. PHARMACARE MANUAL PAYMENT INFORMATION SUMMARY FORM</u></b>	
CLIENT'S NAME _____	
SUPPLIER CODE _____	I
INVOICE NUMBER _____	
DATE SUPPLIED _____	
DOCTOR'S NAME AND MSP # _____	
PHN 9 _____	
PRODUCT IDENTIFICATION NUMBER (PIN) _____	
QUANTITY _____	

**Figure 4 — Manual Payment Information Summary Form**

### 5.3.3 Where to Send Completed Claims

Submit manual claims to:

PharmaCare  
P.O. Box 9655 Stn Prov Govt  
Victoria BC V8W 9P2

## 6. Payment

All claims—both manual and online—are processed on PharmaNet. The Ministry of Finance then issues payments to the vendor weekly for accepted claims.

To receive payment by direct deposit, complete a British Columbia Government *Direct Deposit Application*. Submit the application and an original void cheque to:

PharmaCare  
P.O. Box 9655 Stn Prov Govt  
Victoria BC V8W 9P2

The *Direct Deposit Application* is included in the PharmaCare documents package.

For manual claims, you will receive a *Pharmacy Remittance Advice Form* from PharmaCare with each payment issued by the Ministry of Finance. The *Advice Form* shows all claims processed by your site during the billing period.

For online claims, a *Pharmacy Remittance Advice Form* is issued only for adjustments to previous claims. To access other payment data, use your PharmaNet-compliant software's feature for retrieving daily totals feature (described in Section 4.1).

### 6.1 Claims Rejected by PharmaCare

Manual insulin pump claims will not be processed if an approved Special Authority is not in place or if the patient is not covered under PharmaCare Plan C or Fair PharmaCare.

See Section 5.3.1 for information on claims for patients covered under Fair PharmaCare that result in a 'zero-payment letter.'

### 6.2 Incomplete/Incorrect Claims

PharmaCare returns incomplete or incorrect claim forms to the vendor for correction or completion. The claims are returned with the *Pharmacy Remittance Advice*. The *Prescription Invoice* that accompanied the claim is not returned; PharmaCare retains the invoice and deducts the amount of the incomplete or incorrect claim from the invoice total so that any remaining claims on the invoice can be paid.

Please note: The claim form is also returned if the claim is rejected due to patient ineligibility. If the patient is ineligible, the claim should not be re-submitted.

If an incomplete or incorrect claim form is returned to you:

3. Correct or complete the original form. Do not submit a new claim form.
4. Ensure that the date on the claim form is the date the product or service was received by the patient.
5. Include the \$ amount of the corrected claim on a new PharmaCare Prescription Invoice.
6. Re-submit the Claim Form and Prescription Invoice to PharmaCare.

## 7. Audit of Claims

All insulin pump claims paid in whole or in part by PharmaCare are subject to audit by duly authorized government representatives of the PharmaCare Program.

## 8. Contact Information

### 8.1 Vendor Enquiries

Call the PharmaNet Help Desk at Health Insurance BC:

- Vancouver/Lower Mainland (604) 682-7120
- Elsewhere in British Columbia 1-800-554-0225.

When prompted, press **2** to speak directly to a customer service representative.

**Important: The contact numbers above are for pharmacies and vendors only. Patients should use the numbers provided in the next section.**

When calling the PharmaNet Help Desk, be prepared to provide the following information:

- your vendor code
- your name
- a brief description of the problem
- the PharmaCare-assigned problem number, if the problem has been reported previously.

If you are calling **regarding a patient**, you should also have the following patient information ready:

- Personal Health Number (PHN/CareCard #)
- full name
- address
- gender
- invoice number, if applicable.

Send written enquiries to:

PharmaCare  
P.O. Box 9655 Stn Prov Govt  
Victoria BC V8W 9P2

## 8.2 Patient Enquiries

For questions regarding insulin pump coverage, registration for Fair PharmaCare, or other PharmaCare issues, patients can:

Visit the PharmaCare website at [www.health.gov.bc.ca/pharmacare](http://www.health.gov.bc.ca/pharmacare) or call Health Insurance BC:

- Vancouver (604) 683-7151, or
- Elsewhere in British Columbia, toll-free 1-800-663-7100.

## 9. Product Identification Numbers (PINs)

A current list of PINs is maintained on the PharmaCare website at [www.health.gov.bc.ca/pharmacare/pins/pinsindex.html](http://www.health.gov.bc.ca/pharmacare/pins/pinsindex.html).